

**TOWN OF GRANBY
CITIZEN COMPLAINT
ILLICIT DISCHARGE REPORTING FORM
SUBMIT TO: 52 NORTH GRANBY ROAD, GRANBY, CT 06035
PHONE#: 860-653-8960 / FAX#: 860-653-8959**

Name: _____ Contact Phone Number: _____

Date: _____ Time Discharge Discovered: _____

Weather Conditions: _____

LOCATION AND DESCRIPTION OF DISCHARGE (indicate nearby street intersections, addresses, and/or landmarks for reference):

WAS WATER FLOW OBSERVED? NO / LIGHT / MODERATE / HIGH / PULSE .

WAS A PHOTO TAKEN? NO YES (Please attach a copy to form)

ODOR: _____ **COLOR:** _____ **CLARITY:** _____

WAS THERE AN:	OILY SHEEN	YES	NO
	GARBAGE/SEWAGE	YES	NO
	OTHER:		

ADDITIONAL INFORMATION TO ASSIST IN THE INVESTIGATION:

<i>Follow up Investigation (to be completed by Granby staff)</i>			
OUTFALL NO:	INSPECTOR NAME:	PHONE:	
FIELD ANALYSIS:			
WATER TEMP:	°F	CHLORINE (Total):	mg/l
pH:		COPPER:	mg/l
PHENOL:	mg/l	DETERGENTS:	mg/l
WAS A LABORATORY SAMPLE COLLECTED? (if yes attach copy of chain-of-custody record)		NO	YES
COMMENTS:			
DATA SHEET FILLED OUT BY: (signature):			DATE:
Additional notes to file:			
Follow-up with Complainant:			